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## Bib Data Sheet

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**\*\* CONTINUING DATA \*\*\*\*\***

*Zig. (None)*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

*a.d. (None)*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

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Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY NORWAY	SHEETS DRAWING 8	TOTAL CLAIMS 31	INDEPENDENT CLAIMS 3
Verified and Acknowledged	Examiner's Signature Initials				

**ADDRESS**

23446

**TITLE**

## Method and apparatus for spectral strain rate visualization

<b>FILING FEE RECEIVED</b> 938	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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